# Consultation Summary

## Renewing the Community Supports for Adults Program

NOVA SCOTIA
Community Services

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# Message from the Minister

*Earlier this year we released a discussion paper that outlined options for renewed community supports for people with disabilities in Nova Scotia. I am pleased to present this document, which summarizes the responses to that paper, and the views we heard during consultation sessions. We received close to 200 written submissions, input at consultation sessions and 1,700 visits to our website.*

*The advice and comments provided were thoughtful, heartfelt and insightful. Services for adults with disabilities are a team effort in Nova Scotia. They involve hundreds of organizations that provide residential services, their staff, families, and most importantly, consumers. We heard a diverse range of perspectives and have learned a lot during this phase of the project.*

*Following a complete review and analysis of this input, we found there was clear consensus on some issues, and mixed opinions on others. For example, Nova Scotians told us they want to have more individualized support and funding programs that provide more direct support to consumers and families. They also indicated a need for a more client centered approach to assessments and services. There was a mixed response to the range of services that should be available, with some people advocating for a full range of supports and others seeking a system that does not include larger facilities.*

*It is clear that there are gaps in the system of services that are now available. Families and consumers have told us they want choices. We will now take action on the areas of clear consensus, and make improvements that address these gaps and lay the groundwork for future enhancements to the program. Although this document ends the formal consultation process, we hope to continue to receive feedback as we work to ensure that families and consumers know services are in place when and where they are needed.*

*I want to thank everyone who took the time to provide their thoughts on this important work. Together we can work toward ensuring the right supports are available at the right time, for all Nova Scotians.*

*Sincerely,*

David Morse

*David M. Morse*
*Minister of Community Services*

# 2. Introduction

In 2002-03, the Community Supports for Adults (CSA) Renewal Project was initiated to conduct a review of the CSA program. The objective was to identify ways to improve supports and services for people with intellectual, long-term mental and/or physical disabilities. Throughout this process, a number of opportunities for improvements have been identified. The overall goal of the CSA Renewal project is the development of a modern, fair, equitable, responsive and sustainable support system that will enable persons with disabilities to have opportunities to participate as healthy and safe citizens in their community.

An essential part of the Renewal Project process was a series of consultations with Nova Scotians, including consumers, service providers, advocacy groups, Department of Community Services staff and other government departments to hear their views regarding a renewed CSA Program. There were five principal elements of the consultation process:

1. Consumer focus groups were held in cities and towns across the province, to ensure that Nova Scotians with disabilities had a voice and meaningful opportunities to share their thoughts on developing a new CSA program.

2. Representatives of the CSA Renewal Project met with more than 50 community organizations, advocacy groups and service providers across all regions of the province.

3. A Community Committee, consisting of 22 people representing 11 stakeholder organizations, provided feedback and opinions during six day-long meetings.

4. The CSA Renewal Project Team conducted a review of best practices across Canada and completed research in a number of key areas, including funding, assessment tools, policy, licensing and consumer supports.

5. A jurisdictional review that was created from this work provided a snapshot of the range of support services that are offered to persons with disabilities across Canada.

The views obtained through consultations and research formed the basis for a discussion paper, entitled, "Renewing the Community Supports for Adults Program." The Discussion Paper was released in March 2004, and the community was invited to share their thoughts on a renewed system of supports for people with disabilities in Nova Scotia. Nova Scotians were asked to comment on a series of questions from the Discussion Paper based on nine key sections:

1. The Need for a Vision
2. Mandate of CSA
3. Strengthening the Residential Support Continuum
4. Strengthening Assessment and Support
5. Strengthening Support Planning/Client Involvement
6. Improving Quality of Service for Clients
7. Strengthening the Funding Process
8. Strengthening Accountability
9. Strengthening Licensing Safeguards

The Discussion Paper was released on March 30, 2004. Initially, six weeks were designated for community feedback. However, a great number of community members asked for an extension to the period of time for submissions and the deadline for comments was extended by an additional six weeks to June 30, 2004.

There was great interest in the Discussion Paper from across Nova Scotia. Over 2700 copies of the Discussion Paper were distributed and it was posted on the Community Services website. Advertisements in provincial and community newspapers provided a 1-800 telephone number and website address to assist interested parties in accessing the Discussion Paper. In total, there were 197 written or e-mailed submissions. In addition there were approximately 1700 hits to the CSA Renewal Project web page on Community Services' website.

The feedback received will help form the basis of the next phase of the work on the CSA Renewal Project, including policy development and implementation.

105-02003/

# 3. Consultations with the Community

During the first phase of the CSA Renewal Project, every effort was made to meet and consult with Nova Scotians to discuss their views and experiences with the CSA Program. Interested parties were encouraged to provide written comments through letter or e-mail.

## Prior to the Discussion Paper

| Number of Submissions | Form of Submissions |
|---|---|
| 30 | written submissions |

## Regional meetings with Stakeholder Organizations

| Region | Number of Organizations |
|---|---|
| Western | 10 |
| Northern | 15 |
| Eastern | 26 |
| Central | 53 |

## Focus Group Sessions

| Number of Focus Sessions | Participants | Date |
|---|---|---|
| 5 | Department of Community Services Staff | Dec./02 – Jan./03 |
| 10 | Consumers | Apr./03 |
| 3 | Mental Health Staff | May/03 |

Following the release of the Discussion Paper, efforts were made to inform Nova Scotians of the importance of the document and the need for responses to the options. Community stakeholders were encouraged to provide feedback. Presentations were conducted on request in an effort to provide interested organizations with an opportunity to discuss and ask questions about the Discussion Paper.

## Advertisements

| Paper | Date of Publications |
|---|---|
| The Chronicle Herald | Mar. 31/04, Apr. 10/04, May 1/04, Jun. 12/04 |
| The Daily News | Mar. 31/04, Apr. 11/04, May 2/04, Jun. 13/04 |
| Amherst Daily News | Mar. 31/04, Apr. 12/04, May 3/04 |
| Truro Daily News | Mar. 31/04, Apr. 10/04, May 1/04 |
| New Glasgow Evening News | Mar. 31/04, Apr. 10/04, May 1/04 |
| Cape Breton Post | Mar. 31/04, Apr. 10/04, May 1/04 |

## Presentations after Release of Discussion Paper

| Department | Date |
|---|---|
| Department of Community Services Staff – Eastern/ Northern | Apr. 14/04 |
| Department of Community Services Staff – Western | Apr. 15/04 |
| Department of Community Services Staff – Central | Apr. 16/04 |
| Disabled Persons Commission | May 11/04 |
| Community Committee | May 21/04 |
| Workshop Council of Nova Scotia | May 27/04 |
| Nova Scotia Residential Agencies Association | Jun. 2/04 |
| Kendrick Coalition & People First | Jun. 14/04 |
| Department of Health, Mental Health Services | Jun. 22/04 |
| Department of Health, Continuing Care | Jun. 23/04 |
| Nova Scotia Association of Health Organizations | Jun. 24/04 |
| Halifax Association of Community Living | Jun. 24/04 |

## After release of the Discussion Paper

| Number of Responses | Form of Response to Discussion Paper |
|---|---|
| 197 | Written submissions |
| 1700 (approximate hits) | Website |

# 4. What We Heard

Throughout the Community Supports for Adults (CSA) Renewal process, we have heard from thousands of Nova Scotians who have a genuine interest in seeing improved services for persons with disabilities in Nova Scotia. The community was asked to review the ideas outlined in the Discussion Paper and respond with their thoughts on services comprising a renewed CSA program.

This paper is a summary of the feedback and provides an overview of this information, highlighting a number of themes and outlining next steps for action. The written submissions were thoughtful, informative and diverse. The many comments and suggestions we received have been summarized under the same categories used in the Discussion Paper.

## 4.1 The Need for a Vision

In the redesign of services for persons with disabilities, the need for a new vision for the CSA Program was clear. This vision will set the direction for how we will move forward. We heard from clients and advocates through the consultations that the renewed program should:

1. recognize the abilities and inherent worth of people with disabilities;

2. provide support services in a way that is respectful of a person's gender, age, heritage, culture, race and spirituality; and

3. ensure, to the extent possible, that the client has the opportunity to participate in support planning and receive appropriate services and supports.

The Discussion Paper outlines a number of values and principle statements suggesting a basis for a new vision of service delivery. These statements were divided into three categories: system values, client-centred values and program delivery decision-making principles.

"I am pleased... with the recognition of the need for Vision, Values and Principles. I believe this is a good step forward."

There was strong support for the vision, values and principles put forward in the Discussion Paper. Respondents viewed this option as the foundation of the CSA program. Concerns expressed were primarily regarding the language. Some felt the statements were more system related than client focused. These concerns have been noted and will be reflected in the renewed CSA program. Highlighted in these comments were suggestions for coordinated services and statements regarding the recognition of full citizenship for persons with disabilities.

## Next Steps

- The Consultation Summary Document, which provides the basis for the shared vision, completes the first phase of the CSA Renewal Project.
- A new vision for the CSA program will be finalized based on the options outlined in the Discussion Paper and feedback received during the consultation process.

## 4.2 Mandate of CSA

Clarifying the role and mandate of the Community Supports for Adults program is a key element of the CSA Renewal Project. A number of options about whom should be served and the range of services provided were proposed in the Discussion Paper. The option that was most favoured was Policy Option 2, which included individuals with an intellectual or physical disability, and/or long-term mental illness. It provides for those under the age of 19 who meet the program criteria and those over the age of 65, who continue to qualify and do not require nursing care. There was strong consensus that the renewed program should provide a smooth continuum of services.

> "I feel that residents who turn 65 should continue to qualify for the same support they were entitled to at age 64 as long as their general support needs do not change."

This quotation speaks to the many responses related to an age limit of 65 for eligibility. Providing that the care needs of the client do not change, the very strong message was that clients should not have to be moved from the environment they call home when they turn age 65.

There was strong consensus that the program should provide a seamless transition from children's to adult services. Currently the Children's In Home Support Program, offered through the Department of Community Services, provides support to families with children with disabilities living at home, up to age 19. The feedback indicated that the department should continue to support individuals at home after they reach the age of 19, as long as their care needs can be appropriately met.

It was also suggested that combining the Family and Children's Services and the Community Supports for Adults program into one division would be a positive step forward in ensuring a smooth continuum of services.

"I was pleased to see that the proposed mandate acknowledged the need for a seamless continuum of services by integrating programs for children and adults."

A number of respondents highlighted the need for communication and coordination between programs within the Department of Community Services as well as with other provincial departments providing services for persons with disabilities, particularly the Department of Health. During the renewal process concern was raised about a gap in services between the Departments of Health and Community Services that may result in challenges in providing timely interventions and services for vulnerable individuals with very complex care needs. This specific issue requires collaboration and partnerships on behalf of both departments.

## Next Steps

- DCS placed its Family and Children's Services division and Community Supports for Adults division under one Senior Director in 2003, resulting in one division and operating unit. Efforts to examine how programs can be appropriately aligned have been undertaken as a first step towards an improved service-delivery model.

- Compatible policies resulting in a smooth continuum of services between the children's and adult programs will be developed.

- The Departments of Community Services and Health recognize the need to develop close working relationships to provide quality, timely, effective and appropriate services to persons with disabilities. A joint interdepartmental committee has been formed with senior representatives from each department who have both program knowledge and decision-making ability.

- The absence of coordinated services for those clients with severe and complex care needs is of concern. Discussions will be on-going with the Department of Health to determine how we can best serve those vulnerable clients who often require services from both departments.

- Discussions will be held with the Department of Health to explore opportunities for clients to remain in the CSA program beyond the age of 65 providing their medical needs do not require a higher level of care.

- Opportunities to improve communication among DCS programs through enhanced technology will be identified.

# 4.3 Strengthening the Residential Support Continuum

The most challenging issue facing the CSA Program is finding the appropriate mix of residential support services for persons with disabilities. Unlike other provinces, Nova Scotia has not taken full advantage of developing a wide range of supports and residential options.

The CSA Program, as it is currently offered, is neither sustainable nor is it fully meeting the needs of persons with disabilities in Nova Scotia. These were some of the key reasons for the CSA Renewal Project.

There were several options that had overwhelming support, one of which is a Direct Family Support program. The views expressed were consistent with the approach in every jurisdiction in Canada to support people to live at home with their families. One comment that demonstrates the view of many about the Direct Family Support option stated:

> "We are particularly pleased to see the inclusion of Direct Family Support since that is one of the greatest gaps in the current system. Most of the parents with whom we are in contact want to support their children to stay at home for as long that is feasible."

There was also excellent feedback in support of expanding the Supported Apartment program. This option is viewed as one of the least-intrusive programs of support for individuals, primarily persons with long-term mental illness, who are semi-independent and require minimum level of support and supervision. It is recognized that this is only an option for individuals who can manage independently on a day-to-day basis with minimum supervision.

"We express our support for the formal inclusion of the supported apartment option. This arrangement was identified by Dr. Kendrick as meeting the criteria for a client-centred, flexible living option."

There was strong support for an enhanced Alternate Family Support model, a program that provides care for individuals in a non-relative private home in the community. Recommendations included the need for vigilant screening, training, monitoring and compatibility. Several submissions noted the child welfare foster care training program, Parent Resources for Information Development and Education (PRIDE), is a model to consider for an adult program.

Suggestions were made to develop an Alternate Family Support program similar to the child welfare foster care program. According to the jurisdictional research, this model of support for persons with disabilities is well developed, highly used and an important service in the overall continuum in a number of provinces. These jurisdictions place strong reliance on this model, which enables individuals to live in the community in a family setting.

"I heartily applaud the new initiative Alternate Family Support."

A model of Independent Living Transition was also outlined in the Discussion Paper. Feedback indicated a strong support for this option, which is a process of formal planning developed with the client to support and prepare for their transition to independent living. This support would be provided in an effort to ensure a positive and successful move. While it is recognized that many clients may always require some support, this is an option that would maximize independence. It is also an option that is currently missing in the continuum of services.

In regard to the options outlined for residential based care, the views varied. Some respondents indicated that they do not believe larger facilities should be part of the range of residential options. Other respondents were of the view that there was a need for a full

continuum of residential supports, from the least intrusive Direct Family Support program to the highest support option of facility-based care. Noted in the feedback was the lack of facility-based care in the Central Region, the region that provides support to over half of the client population in the province.

The following quotations demonstrate the views on the range of supports outlined in the Discussion Paper:

"I believe that a wide range of supports is a progressive direction. Also I support Small Options homes having more than three clients. Consideration should be given to the compatibility of clients that are in the existing program, before clients are placed."

"We are strong supporters of small option homes."

"Emphasis on small option homes and group homes has resulted in the deterioration in Residential Care Facilities."

"I would like to see a facility.... It would better serve the needs of those residents who are in need of it...."

"By strengthening and finding the right mix of supports it will enable clients to eventually become more independent."

Some respondents expressed opposition to large residential facilities.

"Institutions are an outdated mode of supporting persons with disabilities."

"We do NOT believe that large facilities (group homes and institutions) are appropriate for living accommodations."

Over the past 10 years, the Department of Community Services closed a number of large institutions in our province. With this work completed, the focus now is to build on the continuum of supports through the range of services that exist and add services where there are clear gaps.

## Next Steps

- A Direct Family Support program for adults, in part based on the highly regarded Children's In Home Support program, will be developed and will provide a seamless continuum of support as clients transition into adulthood.
- An Alternate Family Support program following the "best practices" from other provincial jurisdictions will also be developed.
- The Supported Apartment program is a highly regarded service in the continuum of supports. This model will be further developed.
- Over the coming months, the Small Option program will not be expanded while work is underway to develop and implement the above three options.

## 4.4 Strengthening Assessment and Support

The Discussion Paper highlighted the idea of using a combination of diagnosis and functional assessment in determining client eligibility and support needs. A new process that would identify the appropriate amount and types of client supports is required. Many people commented that the current method of client assessment and classification is an outdated process and it does not work well, as it fails to involve the individual in all aspects of the process. There were some concerns as to who would perform the assessment. It was also recommended that a new assessment method for the CSA program should be compatible with the Department of Health, while at the same time recognize the unique needs of clients served by the CSA program.

Many respondents thought that the Key Areas of Life Functioning, as outlined in the Discussion Paper, were important categories to consider in the new assessment process. Overall, the feedback indicated that the list included the most important areas of an individual's life.

Through an improved assessment process we can have a fuller understanding of the clients we serve. Therefore, we can develop supports that more appropriately meet the needs of clients and their families.

A small number of respondents expressed concern about how a formal assessment process may make an individual feel. There is a need for sensitivity throughout the assessment process that would be included as part of the training program for staff.

"A combination of diagnosis and functional assessment would be the best approach for all persons, either at age 19 when first entering the program or at any age."

"To ensure clients receive services that are reflective of their needs, a diagnosis and functional assessment is essential."

"Users have comprehensive education on its use to ensure that the tool is consistently applied."

## Next Steps

- DCS has partnered with the University of Waterloo to pilot new assessment tools. These tools are university researched and have been either piloted or implemented in other jurisdictions, including the Nova Scotia Department of Health.
- CSA is in the initial stages of a pilot project and will be training staff to use these assessment tools. The client assessments will take place in Western and Central regions, over a five-month period, beginning November 2004 and ending March 2005.
- An extensive analysis will be undertaken during and following the piloting period. Recommendations and decisions will be made based on a full evaluation of the pilot.

# 4.5 Strengthening Support Planning/Client Involvement

During consultations we heard that there is a need for more client involvement in all aspects of planning. The Discussion Paper addressed this issue with the concept of introducing Client Support Teams and Individualized Support Planning. Each of these concepts received overwhelming support. Many of the respondents expressed encouragement in seeing the client become the primary focus. Moreover, many responded that the concepts of support teams and individualized planning will result in a comprehensive approach to identifying the goals and needs of the individual. The goal is to ensure, to the greatest extent possible, that appropriate supports are in place.

> "The client support team is an excellent idea to determine the client's actual wishes. One must be mindful that to introduce this notion, guidelines must be introduced to ensure quality for all clients regardless of the region or area in which they live."

There were several suggestions regarding the client support teams, which highlight the need to clarify the role and responsibilities of the case manager.

## Next Steps

- Through feedback we have learned that the concepts of Client Support Teams and Individualized Support Planning are, in some form, being practiced both in programs within the department as well as by various service provider organizations.
- DCS will research the models of Client Support Teams and Individualized Client Support Planning, to identify best practices both within Nova Scotia and across the country with the view of developing appropriate models for the renewed CSA program.

# 4.6 Improving the Quality of Services for Clients

A primary goal of the CSA Renewal Project is to design a program that will enhance the quality of life for persons with disabilities. The Discussion Paper provided options for Quality of Life Standards, using these standards as a cornerstone for the program. The model would include collaboration with clients, families and service providers to monitor client support services. To ensure the standards are met, periodic reviews would have to be conducted. The majority of those who commented were in favour of this approach.

There were suggestions that other indicators such as client choices, empowerment to make decisions, opportunities for independence, community inclusion and access should be included in a renewed CSA program. There were questions as to who would determine if the standards were being met and how would they be measured.

> "Quality of life standards should be the cornerstone of any program supporting persons with disabilities. The client should have input into those standards as it is unfair to determine what quality of life for someone is."

There is a great deal of support for introducing quality of life standards. Suggestions provided were that for this to be effective, the new model of service should have a monitoring process that would ensure clients are benefitting from supports they are receiving.

Some of the respondents expressed the opinion that there is a need for disability legislation in Nova Scotia.

## Next Steps

- Further work in developing quality of life standards for the CSA Program is required. There is a need to develop a means of determining whether the standards are being met, and to develop a means of assessing the benefits of the supports received.

## 4.7 Strengthening the Funding Process

There is a general understanding that more consistency and transparency is needed in regards to service provider budgets, per diem rates and other funding arrangements. The Discussion Paper outlined three policy options. The responses were mixed. There was firm disagreement with policy option one, which would maintain the status quo. The other options of establishing an approved budget and per diem for each service provider or standardizing funding according to the type of residential support option received mixed responses.

The following demonstrate the views expressed:

"The main point should be adequacy of funding in terms of per diem rates, living allowances, high quality program supports and fair and decent working conditions. A funding formula that would include all these elements would seem to be essential regardless of the residential support option."

"Need for core funding for service providers and portability options for clients."

"The standard funding arrangement according to type of residential support option would make sense, provided differential rates are not required based on the size of the facility. "

"The process must be flexible in order to provide additional supports to meet the needs of individuals within their present settings."

There were several respondents who noted that individualized funding was their recommended method of funding.

## Next Steps

- Analysis of the funding structure will be conducted with the intent to strengthen the funding process for clients and service providers resulting in more consistency and clarity.
- The Direct Family Support and Supported Apartment programs are examples where individualized funding arrangements can work well. Funding would vary according to the circumstances and needs of the individual(s) based on policy guidelines. Individualized funding will be developed for those program areas, and the feasibility and applicability of individualized funding will be considered as work progresses on funding models for other program areas.

## 48 Strengthening Accountability

An accountability framework for individuals and service providers was outlined in the Discussion Paper as a necessary part of a new CSA Program. Service agreements were presented as one way to ensure accountability for all parties involved in both delivering and receiving services. Many expressed agreement with this suggestion as it would clearly outline the roles and responsibilities of all parties involved, the funder, the service provider and the client.

A few respondents also commented that the development of service agreements could further enhance a client-centred approach. The agreements could outline individual support plans that will strengthen accountability. Overall, the comments received were positive.

"We contend that service agreements need to describe roles and responsibilities of 3 parties — service provider, DCS and client/family. Thus the format requires some flexibility and inclusion of individualized safeguards. We recognize the value of minimum standards of service provision."

"It will make service providers more accountable. It is imperative that the client (person with a disability) advocate be available in all aspects of the service agreement."

"The roles and rights and responsibilities of each of the stakeholders within the service agreement gives a point of reference and sense of expectancy that contributes to clear, positive working relationships."

## Next Steps

- While DCS has developed a generic model for service agreements, more work is required to tailor these to the CSA program's needs, and to take into account the suggestions received.
- Work will start to build on the current model of service agreement in an effort to address the roles, responsibilities and accountibilities for all involved in the CSA program.

# 4.9 Strengthening Licensing Safeguards

As noted in the Discussion Paper and confirmed in the responses, the current licensing/regulatory framework is outdated. The current framework no longer reflects the reality of the CSA Program, because the standards are not consistent for licensed and unlicensed residential options. The Discussion Paper outlined three policy options to address this issue. Many were in favour of the policy option that suggested all residential settings should be licensed regardless of size, while others suggested that the organization should be licensed rather than each residential setting.

Regardless of the differences in opinion, there is strong agreement that a new licensing framework is required.

> "Our group supports Option 3: the licensing of residential settings regardless of size wherein clear standards for residential settings are declared provincially at the outset and a licensing process is put in place with regular reviews for all residential options."

## Next Steps

- The current standards and regulations regarding licensing will be reviewed using the feedback and suggestions provided.
- Consideration will be given to a broader licensing system, which would ensure appropriate standards are in place.

# 5. Conclusion

This summary document completes the first phase of the CSA Renewal Project. The Department of Community Services considers the CSA Renewal Project a priority, and as such, work continues with the next phase of this initiative. Nova Scotians have provided many and varying ideas on recommended changes to the CSA program. A smooth, timely, appropriate continuum of services for persons with disabilities is the objective. Managing within fiscal resources is a challenge but an integral part of strengthening accountability. We very much appreciate the contributions people made to this phase of the CSA Renewal Project.

# 6. Glossary of Terms

**Alternate Family Support:**
Refers to a type of support that provides care in a private home setting for individuals with varying levels of needs. Families providing care would undergo extensive training and monitoring.

**Client-Centred Approach:**
This approach includes the client in all aspects of their care planning decisions.

**Client Support Team:**
A team of people that includes the client, care coordinator, family member/guardian, service providers and professionals. The team, led by a case manager, would coordinate to make sure the support planning process meets the needs of the client, meets established standards, relates to the functional assessment, and places the client at the center of planning. The team would assist in planning services, implementing support services and monitor the progress.

**Community Homes:**
Refers to a grouping of residential support options that includes a range of supports that are currently provided in small-option homes, group homes and developmental residences. These homes would not be limited to three beds, and would provide a range of staffed residential supports options from minimal support to those requiring 24-hour support.

**Crisis/Stabilization Support:**
This type of support would be available to individuals who are experiencing a short-term crisis and require additional or different supports than currently provided. The support would be available across the province and would include an outreach support team to support families and care givers. The team would be responsible for the following:

- Assess and develop recommendations for the client
- Train families, caregivers and clients to formulate a support strategy
- Implement the new recommended support options identified during assessment

**Direct Family Support:**
Provides support to families providing care to a family member with a disabilities in their home for expenses associated with their care, such as supervision and care, respite, transportation and special needs.

**Disability:**
Refers to a severe and persistent restriction or impairment that results in an inability to perform an activity in the range or within the range considered normal for someone of the same age, gender and culture. It describes a functional limitation (versus a diagnosis) and is ongoing in nature.

**Functional Assessment:**
A standard, objective assessment that identifies adaptive or maladaptive functioning in the key domains.

**Independent Living Transition Support:**
This type of support prepares the individual for life without CSA support. It would be identified as a goal in the Individualized Client Support Plan, when appropriate, and would include a formal plan for transition to successful independent living.

**Intellectual Disability:**
A significantly lower-than-average intellectual functioning that is accompanied by limitations in adaptive function in at least two skills of life domains, such as communication, self care, social/interpersonal, use of community resources, mobility, functional academic skills and behavioral presentation.

**Individualized Client Support Plans:**
A plan that identifies the client's goals and needs, prioritizes them, and develops strategies to meet these goals. These goals will be measurable and would be subject to a quality review process.

**Key Areas of Life Functioning:**
The life development categories assessed in a functional assessment, such as communication, personal-care abilities, behavioural/emotional expression.

**Long-term Mental Illness:**
A persistent alteration in a person's thinking, feeling, or behavior that creates difficulties in functioning normally, socially, or at leisure,(i.e., schizophrenia and chronic mood disorders).

**Physical Disability:**
A significant ongoing physical limitation that substantially limits independence and requires ongoing supervision, support, or skills development but not nursing care.

**Quality of Life Standards:**
A set of characteristics that must be addressed in support planning to ensure quality of life.

**Respite:**
In-home relief or short-term placement support for a limited period of time.

**Service Contract/Agreement:**
An agreement between the provider of the service, the client and the CSA program that outlines services, supports and methods to be utilized to assist the client.

**Residential Centres:**
A residential option that provides transitional support for individuals who require a minimum level of support and supervision with routine personal-care activities, community skills and activities and illness supervision.

**Special Needs:**
Needs that arise in relationship to supporting the client these needs may include:

- dental care
- optical care
- funeral arrangements
- special diet - transportation, child care
- implementation of an employment plan

**Supported Apartments:**
A supported living option for those individuals who are semi-independent and have basic personal care abilities and routine home and community skills, therefore requiring a minimal level of support and supervision.

**Supportive Living Centers:**
A residential option that refers to a grouping of residential-support options that include a range of supports for persons with multiple needs or severe challenges. These individuals require support staffing on a 24-7 basis with on-site professional support.

## Summary of Discussion Paper Submissions

| | |
|---|---|
| Service Providers | 38 |
| Parent(s)/ Family Member(s) | 38 |
| Advocate/ Advocacy | 30 |
| Client(s) | 17 |
| Department of Community Service staff | 16 |
| Mental Health Professionals | 12 |
| General Public | 12 |
| Provincial Associations/ Advisory Councils | 10 |
| Other | 10 |
| Service Provider Staff | 6 |
| Other Departmental staff | 6 |
| Person(s) with a disability | 2 |
| **Total** | **197** |